

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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33						
34						
35						
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	39					
TOTAL CLAIMS	46					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57	1					
58						
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60						
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68	1					
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73	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						